



## TITLE III AND VII PROGRAMS

GRANT PERIOD:		[ ] ORIGINAL [ ] REVISION NO.:		GRANT NO.:		DATE:		PSA NO.:	
SECTION A FUNDING SOURCES		(a) Actual Funding	(b) Area Plan Admin	(c) III B Supportive Svcs	(d) III C-1 Congregate Nutr	(e) III C-2 Home Del Nutr	(f) III D Disease Prev	(g) VII Ombudsman	(h) VII Elder Abuse Prev
1. Grant Related Income	CASH								
2. NSIP	CASH								
3. Non-Matching Contributions	CASH								
	IN-KIND								
4. State Funds	CASH								
5. Matching Contributions	CASH								
	IN-KIND								
6. Federal Funding	CASH								
7. TOTAL AREA	CASH								
	IN-KIND								
PLAN FUNDING	IN-KIND								
8. TOTAL CASH & IN-KIND									
SECTION B					COSTS TO BE MATCHED INSTRUCTIONS:				
MATCHING REQUIREMENTS					Area Plan Admin Costs to be Matched Calculation:				
					Pg 1 col (b) Line 13 minus Pg 2 col (b) Lines 1 through 4				
ITEM		(a) Area Plan Admin	(b) Title III Programs	(c) Total	Title III Programs Costs to be Matched Calculation:				
1. Costs to be Matched					Pg 1 Line 13 [col (c) + col (d) + col (e) + col (f)]				
2. Required Matching Percentages		25%	10.53%		minus Pg 2 Lines 1 through 4 col (c), col (d), col (e), & col (f)				
3. Minimum Required Match					NOTE: Title III Match May be Pooled to Meet Minumum Match Requirement				
4. Required Local Public Agencies Matching Contributions=Line 3 x 25%									
SECTION C					SECTION D				
AREA PLAN ADMINISTRATION MATCHING CONTRIBUTIONS					LOCAL PUBLIC AGENCIES MATCHING CONTRIBUTIONS (Local Public Agencies Must Contribute at Least 25% of Total Minimum Match)				
Source	Cash	In-Kind	Total		Source	Cash	In-Kind	Total	
5. TOTAL					6. TOTAL				

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## ADEQUATE PROPORTION, USDA & TRANSFERS

GRANT PERIOD:		[ ] ORIGINAL [ ] REVISION NO.:		GRANT NO.:		DATE:		PSA NO.:			
SECTION A					SECTION B						
ADEQUATE PROPORTION CALCULATION					AREA PLAN ADMINISTRATION (FEDERAL SHARE)						
ITEM			Amount		Fund		Final Budget Display	Federal Share Administration Costs (Pg 12)	Difference		
1. Total Supportive Services Federal Share Page 4 Column (h)			+		20. III B Administration						
2. Less III B Ombudsman Federal Share (no OTO) Page 4 Column (h) Direct and Contracted less OTO			-		21. III C-1 Administration						
3. Less III B One-Time-Only Expended Page 11 Federal Share of Costs			-		22. III C-2 Administration						
4. Equals III B Supportive Services Base Allocation			=								
DO NOT INCLUDE OTO		Actual Federal Share*	% of Base**		Approved Percentage^						
5. Information & Assistance											
6. Case Management											
7. Assisted Transportation											
8. Transportation											
9. Outreach											
10. Total Access											
11. Personal Care											
12. Homemaker											
13. Chore											
14. Visiting											
15. In-Home Respite											
16. Alzheimer's Day Care											
17. Minor Home Modification											
18. Total In-Home											
19. Legal Assistance											
* Excluding One-Time-Only											
** Total Federal Share Divided by III B Base (line 4)											
^ As Approved in the Area Plan											

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**SCHEDULE OF SUPPORTIVE SERVICES**

GRANT PERIOD:	<input type="checkbox"/> ORIGINAL <input type="checkbox"/> REVISION NO.:		GRANT NO.:		DATE:		PSA NO.:	
PROGRAMS	(a)	(b)			(e)			(h)
	Total	Grant	Non-Matching		State	Matching		Federal
	Costs	Related	Contributions		Funds	Contributions		Share
		Income	(c) Cash	(d) In-Kind		(f) Cash	(g) In-Kind	
<b>PART I DIRECT SERVICES</b>								
Program Development								
Coordination								
<b>TOTAL DIRECT SERVICES</b>								
<b>PART II CONTRACTED SERVICES</b>								
Personal Care (In-Home)*								
Homemaker (In-Home)*								
Chore (In-Home)*								
Adult Day/Health Care								
Case Management (Access)*								
Assisted Transportation (Access)*								
Transportation (Access)*								
Legal Assistance*								
Information & Assistance (Access)*								
Outreach (Access)*								
Other Services:								
Housing								
Alzheimer's (In-Home)*								
Security/Crime								
Health								
Mental Health								
Comm Svcs/Senior Center Mgt								
Employment								
Consumer								
Visiting (In-Home)*								
In-Home Respite (In-Home)*								
Minor Home Modification (In-Home)*								
Ombudsman								
<b>TOTAL CONTRACTED SVCS</b>								
<b>TOTAL SUPPORTIVE SERVICES</b>								

\*-Denotes Priority Services

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## SCHEDULE OF NUTRITION SERVICES COSTS

GRANT PERIOD:	<input type="checkbox"/> ORIGINAL <input type="checkbox"/> REVISION NO.:	GRANT NO.:	DATE:	PSA NO.:
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## SECTION A

CONGREGATE NUTRITION

COST CATEGORIES	(a) Actual Costs	ACTIVITIES					
		Meals		Program Management		Other	
		(b) Cash	(c) In-Kind	(d) Cash	(e) In-Kind	(f) Cash	(g) In-Kind
1. Personnel							
2. Travel & Training							
3. Equipment							
4. Consultants							
5. Catered Food							
6. Raw Food							
7. Other Costs							
8. TOTAL DIRECT COSTS							
9. Indirect Costs							
10. TOTAL COSTS							
11. TOTAL CASH AND IN-KIND							

## SECTION B

## HOME DELIVERED NUTRITION

COST CATEGORIES	(a) Actual Costs	ACTIVITIES							
		Meals		Program Management		Other		Home Delivery	
		(b) Cash	(c) In-Kind	(d) Cash	(e) In-Kind	(f) Cash	(g) In-Kind	(h) Cash	(i) In-Kind
12. Personnel									
13. Travel & Training									
14. Equipment									
15. Consultants									
16. Catered Food									
17. Raw Food									
18. Other Costs									
19. TOTAL DIRECT COSTS									
20. Indirect Costs									
21. TOTAL COSTS									
22. TOTAL CASH AND IN-KIND									



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## SCHEDULE OF CONTRACTED CONGREGATE NUTRITION PROVIDER COSTS

[illegible]



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## SCHEDULE OF CONTRACTED HOME DELIVERED NUTRITION PROVIDER COSTS

[illegible]

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**SCHEDULE OF CONTRACTED DISEASE PREVENTION (III D),  
VII OMBUDSMAN, & VII ELDER ABUSE PREVENTION PROVIDERS**

GRANT PERIOD:		<input type="checkbox"/> ORIGINAL <input type="checkbox"/> REVISION NO.:		GRANT NO.:		DATE:		PSA NO.:	
SERVICE PROVIDER	Service Provided	(a)	(b)	Non-Matching Contributions		(e)	Matching Contributions		(h)
CONTRACT NUMBER/ NAPIS PROGRAM		Total Costs	Grant Related Income	(c) Cash	(d) In-Kind	State Funds	(f) Cash	(g) In-Kind	Federal Share
	III D								
	III D								
	III D								
	III D								
	III D								
	III D								
	III D								
TOTAL DISEASE PREVENTION									
	VII OMB								
	VII OMB								
	VII OMB								
	VII OMB								
TOTAL VII OMBUDSMAN									
	VII ELDER ABUSE PREV								
	VII ELDER ABUSE PREV								
	VII ELDER ABUSE PREV								
	VII ELDER ABUSE PREV								
TOTAL VII ELDER ABUSE PREVENTION									

**FINANCIAL CLOSEOUT REPORT**

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**CLOSEOUT FOR FEDERAL ONE-TIME-ONLY\***

GRANT PERIOD:		[ ] ORIGINAL [ ] REVISION NO.:		GRANT NO.:		DATE:		PSA NO.:	
Fund	Budget Display	Federal Share Costs	Unexpended Amount	Fund	Budget Display	Federal Share Costs	Unexpended Amount		
Personal Care (In-Home)*				Congregate Meals (III C-1)					
Homemaker (In-Home)*				Nutrition Counseling (III C-1)					
Chore (In-Home)*				Nutrition Education (III C-1)					
Adult Day/Health Care				Total Congregate Nutrition OTO					
Case Management (Access)*									
Assisted Transportation (Access)*				Home Delivered Meals (III C-2)					
Transportation (Access)*				Nutrition Counseling (III C-2)					
Legal Assistance*				Nutrition Education (III C-2)					
Information & Assistance (Access)*				Total Home Delivered Nutr OTO					
Outreach (Access)*									
Other Services:				Nutrition Counseling (III D)					
Housing				Nutrition Education (III D)					
Alzheimer's (In-Home)*				Disease Prev & Health Prom (III D)					
Security/Crime				Medication Management (III D)					
Health				Total III D Disease Prev OTO					
Mental Health									
Comm Svcs/Senior Center Mgt				Ombudsman (VII Omb)					
Employment									
Consumer				Elder Abuse Prev (VII EAP)					
Visiting (In-Home)*									
In-Home Respite (In-Home)*									
Minor Home Modification (In-Home)*									
Ombudsman									
Total Supportive Services OTO									
* - The Federal Share of Costs and Actual Costs reported here must be incorporated into pages 1-9 and page 11 of the Financial Closeout Report as appropriate.  <b>THIS PAGE IS NOT A SEPARATE CLOSEOUT FOR ONE-TIME-ONLY.</b>				Fund	Budget Display	Actual Costs	Unexpended Amount		
				III C-1 NSIP OTO					
				III C-2 NSIP OTO					

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